

**Exhibit B Use of Grounds and Land at UMass Waltham, 240 Beaver Street,
Waltham, Mass.**

Specific Rules Governing Access To and Use of Facility

The following rules apply to use of the facility. All communications related to compliance with use rules and requests for permitted variances should be directed to Facility Manager (Tony Mazzeo) at the facility.

General Rules:

Civility and Adherence to Rules: Licensees are responsible for actions of their staff, guests and general public invited onto premises. Licensee is responsible for ensuring compliance with all facility rules.

Hours of Operation: Facility is open to licensees and their guests. The building is accessible from 6 AM-11 PM. Outside grounds are accessible from 6 AM till dark.

Parking: Parking is generally available in lots surrounding the building. No parking is allowed on the grass without prior approval. No vehicles are to be left overnight without prior approval.

Persons Authorized to Have Access to Facility: Each licensee is to provide to the Facility Manager a list of persons who will have regular access to the facility. All persons having regular access to the building must be over the age of 18. For persons utilizing space within the buildings this list will specifically identify those who are to receive building keys.

Special Events: Special events, such as plant sales, shows, educational programs and community events, which will use additional areas of the facility are permitted, subject to the approval of the University. Use of the facility can be scheduled through the Facility Manager. Additional fees may be charged to cover related costs to the University, such as staff time, rubbish removal, etc.

Operational Rules for Organizations Using the Grounds and Land

Facility Access: The grounds are open to licensees from 6 AM - dark. Cars are to be driven onto grass areas only to load and unload materials or for handicapped access. Parking areas for handicapped access will be identified in advance.

Staff Services: University staff are responsible for operation and maintenance of the facility. University staff do not provide plant production or administrative services. Each organization must provide their own labor and related services.

Rubbish and Organic Materials Removal: Licensee is responsible for removing rubbish and recyclable materials to dumpsters and/or receptacles for recycling. Plant waste and related organic materials are to be discarded in areas identified by the facility manager.

Site Maintenance & Appearance: Assigned area must appear neat, clean, and orderly throughout the year. Refuse cannot be left at the site. End of the season clean-up is required. Details for clean-up and closing of land operations will be provided.

Water and Utilities: Water is generally provided to each site. Water conservation must be practiced. Water leaks are to be reported to the Facility Manager. All groups using more than an acre of land and the community garden group (GROW) will provide their own water meter in order to monitor use. The University will limit water use as deemed necessary.

Alterations and Changes in Use of the Land: The land can only be used for the purpose stated in the application form and Agreement. Any changes in use or changes to the land or landscape must be requested in writing to the Facility Manager. This includes pruning any surrounding trees or shrubs and adding structures, fencing, trellises or related items.

Signage: Small descriptive signs are to be posted at the site, identifying the organization, use of the land (purpose) and contact person for further information.

Contacts and Communications: All issues related to building and facility use should be brought to the attention of the Facility Manager, Tony Mazzeo.

Joe Shoenfeld

Associate Director, UMass Center for Agriculture, Food and the Environment
July, 2018



CERTIFICATE OF LIABILITY INSURANCE

DATE: MM/DD/YYYY
08/01/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S). AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Aon Risk Services Northeast, Inc.
Providence RI Office
100 Westminster Street, 10th Floor
Providence RI 02903-2393 USA

CONTACT
NAME:
PHONE
(A/C No., Ext.): (866) 281-7122 FAX
(A/C No.): (800) 361-0105
E-MAIL
ADDRESS:

INSURED
University of Massachusetts
333 South Street, Suite 450
Shrewsbury MA 01545 USA

INSURER(S) AFFORDING COVERAGE
INSURER A: United Educators Ins, a Reciprocal RRG
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

NAIC #
10020

COVERAGES

CERTIFICATE NUMBER: 570072547736

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDU SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Limits shown are as requested
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		U4075A SIR applies per policy terms & conditions	05/01/2018	05/01/2019	EACH OCCURRENCE \$750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) Included MED EXP (Any and person) Excluded PERSONAL & ADV INJURY Included GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP OP AGG Included SIR \$250,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY: Per person BODILY INJURY: Per accident PROPERTY DAMAGE (Per accident)
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$1,000,000	<input checked="" type="checkbox"/> CLAIMS-MADE	U4075A	05/01/2018	05/01/2019	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 20% PROPRIETOR PARTNER / EXECUTIVE OFFICER / VEE/VP EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N/A				PER STATUTE E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Boston Area Gleaners
Attn: Laurie Caldwell
240 Beaver Street
Waltham MA 02457 USA

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Aon Risk Services Northeast Inc.

Holder Identifier :

Certificate No : 570072547736



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/10/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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PRODUCER

A & B INSURANCE GROUP LLC
235 Littleton Road, Unit 3
Westford, MA 01886

CONTACT

NAME:
PHONE (A/C No. Ext): (978) 399-0025 FAX (A/C No.): (978) 399-0079
E-MAIL ADDRESS: wendy@abinsgroup.com

INSURED

Boston Area Gleaners, Inc
240 Beaver Street
Waltham, MA 02452

INSURER(S) AFFORDING COVERAGE

NAIC#

INSURER A: Nautilus

INSURER B: Commerce Ins Co

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			NN390628	12/14/17	12/14/18	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
							MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 100,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMPIOP AGG \$ 2,000,000
	OTHER						\$
B	AUTOMOBILE LIABILITY			BCSD43	12/1/17	12/1/18	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000
	<input type="checkbox"/> ANY/AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB						\$
	EXCESS LIAB						\$
	DED						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						\$
B	Hired Physical Damage			BCSD43	12/1/17	12/1/18	1000 comp ded 1000 coll ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

UMass Amherst
The Center for Agriculture, Food, and
Environment Stockbridge Hall
80 Campus Center Way
Amherst MA 01003

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wendy